



Department of Public Health & Social Services  
**GUAM BOARD OF EXAMINERS FOR OPTOMETRY**  
194 Hernan Cortez Ave. Terlaje Professional Building, Suite 213  
Hagåtña, Guam 96910  
Website: <https://guamhplo.org/gbeo>  
Contact No.: 671-735-7408

## **LICENSE RENEWAL APPLICATION**

### **A. Instructions:**

- \_\_\_ 1. Complete the Renewal Application form (GBEO-8)
- \_\_\_ 2. Complete Continuing Optometry Education Reporting form (GBEO-9)
- \_\_\_ 3. Complete Record of Payment form (GBEO-7)

### **B. Identification:**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

License No.: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

#### **LIST ALL PRACTICES NAMES, LOCATIONS, AND ADDRESSES**

Name	Location	Address

Mailing Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**



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**CONTINUING OPTOMETRY EDUCATION REPORTING FORM**

**List of Credit Hours**

In compliance with P.L. 16-123, as set by its rules and regulations, the Board requires at least one (1) day of continuing education in the year preceding renewal. One (1) day is defined as attending or requiring continuing education for eighteen (18) hours. Please submit only eighteen (18) hours of continuing education to be applied to this year's renewal. **Attach copies only of the COE training certificates.**

Title Course	Organizer's Name and Address	Attendance Dates	Credit Hours	Therapeutic Hours
Total No. of Credit Hours:				

I certify that the information provided is true under penalty of perjury to the truth and accuracy of statements, answers and representation made in support of my application for license renewal to practice optometry on Guam.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**



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### RECORD OF PAYMENT

#### I. IDENTIFICATION

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address: \_\_\_\_\_  
(Street or PO #) (City) (State) (Zip Code)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### II. VERIFICATION OF LICENSURE: Please print the complete name used on original license and your Social Security Number.

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

#### III. FEES: Please make all checks or money orders payable to **TREASURER OF GUAM**. Online payments can be made at <https://guamhplo.org/gbeo/pay> (additional 5% convenience fee). All fees are **NON-REFUNDABLE**.

Please check your request(s):

- |  |           |
|--|-----------|
| 1. ___ Application by examination      | \$ 250.00 |
| 2. ___ Application by endorsement      | \$ 250.00 |
| 3. ___ Duplicate License               | \$ 100.00 |
| 4. ___ License Fee (Initial)           | \$ 150.00 |
| 5. ___ License Renewal                 | \$ 150.00 |
| 6. ___ License Verification            | \$ 15.00  |
| 7. ___ Reinstatement                   | \$ 100.00 |
| 8. ___ Temporary Work Permit           | \$ 10.00  |
| 9. ___ Inactive license (50% of 111.4) | \$ 75.00  |
| 10. ___ Practice Act                   | \$ 5.00   |
| 11. ___ Rules & Regulations            | \$ 10.00  |
| 12. ___ Photocopy (5 pages or less)    | \$ 3.00   |
| 13. ___ Photocopy (each addition page) | \$ 0.50   |

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**FOR OFFICE USE ONLY:** Payment [ ] Check [ ] Money Order [ ] Cash [ ] Credit Card

**Field Receipt #:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**Account #:** 324156345

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